



Package Supply & Equipment Co., Inc.

Post Offices Box 19021
Greenville, South Carolina 29602

CREDIT APPLICATION
PLEASE PRINT OR TYPE
Date _____

ORIGINATING BRANCH _____

SALESPERSON'S NAME _____

COMPANY NAME		TRADE NAME (IF ANY)			
BILLING ADDRESS-P.O. BOX OR STREET		SHIPPING ADDRESS-STREET			
CITY	COUNTY	STATE	ZIP		
TELEPHONE NUMBER ()		CITY	COUNTY	STATE	ZIP
FAX NUMBER ()		TELEPHONE NUMBER (IF DIFFERENT)			
FULL NAME OF OWNER OR OWNERS (OR AN AUTHORIZED OFFICER OF CORPORATION) LIST HOME ADDRESS AND ZIP CODE.					
NAME		ADDRESS		TITLE	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
PLEASE CHECK ONE					
Individual		Partnership		Corporation	Fed Tax No (Coroporation)
_____		_____		_____	_____
Spouse's Name (Individual Only)		_____			
IF INCORPORATED, STATE IN WHICH INCORPORATED			SOCIAL SECURITY NO. (For Partnership or individuals)		
_____			_____		
TYPE OF BUSINESS			**DATE BUSINESS STARTED**		
_____			_____		
NAME OF BANK			ACCOUNT NUMBER		
_____			_____		
STREET ADDRESS			TELEPHONE NO.		
_____			_____		
CITY			STATE		ZIP
_____			_____		_____
TRADE REFERENCES (MUST LIST AT LEAST THREE)					
NAME		ADDRESS		PHONE NUMBER	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

\$ _____
Anticipated Credit Line Request

TAX STATUS _____
RESALE TAX NO. _____

ATTACH COPY OF SALES TAX
CERTIFICATE OR EXEMPTION

\$20.00 small order charge
added to orders less
than \$100.00

IF THE CREDIT REFERENCES LISTED ABOVE REQUIRE CORRESPONDENCE IN WRITING, THIS MAY DELAY YOUR CREDIT APPLICATION FOR SEVERAL WEEKS.
PLEASE ATTACH COPIES OF RECENT FINANCIAL AND OPERATING STATEMENT.

CREDIT TERMS

TERMS ARE NET 30 DAYS.

ALL ACCOUNTS ARE PLACED ON CASH BASIS WHEN BECOMING SIXTY (60) DAYS PAST DUE. IF AN ACCOUNT BECOMES NINETY (90) DAYS PAST DUE, THE ACCOUNT IS PLACED PERMANENTLY ON A CASH BASIS. ALL INVOICES MUST BE PAID IN FULL WHEN DUE. NO PAYMENT MAY BE WITHHELD FOR ANTICIPATED CREDITS.

THE PURCHASER AGREES TO PAY ALL ATTORNEY'S FEES AND/OR COURT COSTS AS MAY BE DEEMED REASONABLE ON THE EVENT LEGAL ACTION BECOMES NECESSARY TO COLLECT ANY OUTSTANDING BALANCE. IF LEGAL ACTION IS TAKEN, THE PURCHASER CONSENTS TO THE JURISDICTION OF THE COURTS OF SOUTH CAROLINA.

THE PARTY OR PARTIES SIGNING THIS APPLICATION CERTIFY THAT THE NAME OF THE FIRM AS STATED ABOVE IS CORRECT, THAT THE FIRM IS NOT INSOLVENT, AND THAT IF THE FIRM IS A CORPORATION IT IS IN GOOD STANDING IN THEIR STATE OF INCORPORATION AND THE STATES THEY ARE AUTHORIZED TO DO BUSINESS.

THIS IS YOUR CONTRACT

THE ABOVE INFORMATION, AS WELL AS THAT GIVEN ON THE REVERSE SIDE, IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

FIRM NAME _____

BY _____

(Must be signed by an officer or principal of firm) Title

RETURN TO: PACKAGE SUPPLY & EQUIPMENT CO., INC.

P.O. BOX 19021 GREENVILLE, SC 29602
